		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL011022	B. WING		03/2	25/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FAIRVIEW FAMILY CARE HOME # 1 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Glenn Ho	oppin				
	DHSR Construction Section conducted a Biennial Survey on March 25, 2015 beginning at 2:00PM and Ending at 2:30PM at the above referenced facility. DHSR records indicate the home was first licensed on August 28, 1986 as a Family Care Home for Six Ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.					
		isit, we observed deficiencies eptable plan of correction.				
C 152 Floors		C 152				
	smooth, non-skid n to be easily cleanal (b) Scatter or thro	amily care home shall be of naterial and so constructed as				
	states of disrepair. flooring is torn and	et as evidenced by: but the facility are in various In several places the linoleum could be a trip hazard. The bor is heavily stained				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		FCL011022	B. WING		03/2	25/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
FAIRVIEW FAMILY CARE HOME # 1 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 152	separating in sever flooring throughout Construction Section invoices, work orde	ity and the floor tiles are al areas. Clean and repair all the facility. Provide the DHSR on with copies of any receipts, irs, pictures, or any other ntation concerning this repair.	C 152				
C 153	SECTION .0300 - 1 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall homes. This Rule is not me 1. Every space in the in need of cleaning fixtures, tubs, sinks shelves etc must be throughout the facil	re home shall: lings, and floors or floor in and in good repair; ic unpleasant odors; clean and in good repair; I apply to new and existing et as evidenced by: ne facility is heavily soiled and All walls, floors, furniture, in, and bathtubs, cabinets, ie thoroughly cleaned ity.	C 153				
	recliner sitting on the elements. There as the recliner. This is harborage for pests recliner. 3. The last sanitation a rodent infestation qualified pest controllers to the recessary steps to	of the facility there is a needeck exposed to the re several cigarette burns on a potential fire hazard and a s. Remove and dispose of the on report from DENR indicated in the kitchen. Consult with a collection and take all eliminate the infestation.					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
FCL011022		B. WING		03/2	25/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
FAIRVIEW FAMILY CARE HOME # 1 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 153	Continued From page 2		C 153				
	copies of all invoices, reports, work orders, and any other documentation concerning this deficiency.						
C 174	Building Equipment	: Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building an mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not med. The window screen have damaged or many replace all damages. 2. The Dryer vent is Attach the dryer vent operating from besides. 3. There is a large libehind the dryer. Obehind the dryer.	and all fire safety, electrical, ambing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: eens and the screen doors all missing screens. Repair or d or missing screens. See disconnected from the dryer of the using the proper hardware ecoming disconnected again. So clean all lint and debris from					
	the vanity is leaking qualified individual DHSR Construction invoices, work orde supporting docume 5. In the bathroom the toilet is leaking	on the left side of the building underneath the sink. Have a repair the leak. Provide the section with copies of all rs, receipts, and any other ntation concerning this repair. on the left side of the building at the wax seal. The toilet is ds to be resecured to the floor.					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
FCL011022		B. WING		03/25/2015		
			DRESS, CITY, S	STATE, ZIP CODE	1 00/2	0/2010
FAIRVIE	W FAMILY CARE HON	256 GRAV	ELY BRANC			
		FLETCHE	R, NC 2873			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 3	C 174			
	Provide the DHSR copies of all invoice any other supportin this repair.	dividual repair the leak. Construction section with es, work orders, receipts, and g documentation concerning on the right side of the building				
	the vanity is leaking qualified individual DHSR Construction invoices, work orde	g underneath the sink. Have a repair the leak. Provide the a section with copies of all ers, receipts, and any other entation concerning this repair				
	7. The ventilation fan in the left bathroom is not working. Have a qualified individual repair or replace the fan. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, and any other supporting documentation concerning this repair					
	observed in the heat Have a qualified ind and seal the duct to insects from making Provide the DHSR copies of all invoice	room a birds nest was ating duct in the bathroom. dividual remove the birds nest o prevent any other animals or g a nest inside the duct. Construction section with es, work orders, receipts, and g documentation concerning				
	Have a qualified incommodathroom ceilings. Construction section	n with copies of all invoices, ts, and any other supporting				
	working. Have a qu	fan in the right bathroom is not alified individual repair or ovide the DHSR Construction				

6899

Division of Health Service Regulation STATE FORM

FCL011022 B. WING 03	25/2015					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FAIRVIEW FAMILY CARE HOME # 1 256 GRAVELY BRANCH ROAD FLETCHER, NC 28732						
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Note	(X5) COMPLETE DATE					
C 174 Continued From page 4 section with copies of all invoices, work orders, receipts, and any other supporting documentation concerning this repair						

6899

Division of Health Service Regulation STATE FORM